

| POSITION                  | INITIALS   | ID NO.         | DATE            |
|---------------------------|------------|----------------|-----------------|
| FEE DETERMINATION         | <i>ASD</i> | <i>AS331</i>   |                 |
| O.I.P.E. CLASSIFIER       | <i>ASD</i> |                | <i>9/27/00</i>  |
| FORMALITY REVIEW          |            | <i>CAK-177</i> | <i>11-16-00</i> |
| RESPONSE FORMALITY REVIEW |            |                |                 |

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
= ..... Allowed                      I ..... Interference  
- (Through numeral) ... Canceled      A ..... Appeal  
+ ..... Restricted                      O ..... Objected

| Claim          | Date          |
|----------------|---------------|
| Final Original |               |
| 1              | <i>6/1/00</i> |
| 2              | <i>6/1/00</i> |
| 3              | <i>6/1/00</i> |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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